



## NOTIFICATION OF ASBESTOS RENOVATION PROJECT

BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201-1708

TYPE OF OPERATION: ☐ Standard Removal ☐ Emergency Removal ☐ Enclosure ☐ Encapsulation ☐ Cleanup ☐ Disposal

FOR OFFICE USE

Postmark/Received:

Original/Revised/Cancellation (circle one)

Project License I.D. (For Revisions/Cancellations):

I. FACILITY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

II. REMOVAL CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

DHEC CONTRACTOR LICENSE NO. (If applicable): \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

OTHER OPERATOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

III. FACILITY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.): \_\_\_\_\_

BUILDING SIZE: \_\_\_\_\_ NO. OF FLOORS: \_\_\_\_\_ AGE IN YEARS: \_\_\_\_\_

PRESENT USE: \_\_\_\_\_ PRIOR USE: \_\_\_\_\_ FUTURE USE: \_\_\_\_\_

IV. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

DHEC LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

V. PROJECT DESIGN PERFORMED BY (IF APPLICABLE): \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

DHEC LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

VI. ASBESTOS-CONTAINING MATERIALS (ACM) **TO BE REMOVED ONLY:**

TYPE (TSI, SURFACING, FLOORING, ROOFING, ETC.)	AMOUNT (SQUARE FEET, LINEAR FEET, CUBIC FEET)	CONDITION (CIRCLE ONE)
		FRIABLE/NON-FRIABLE
		FRIABLE/NON-FRIABLE
		FRIABLE/NON-FRIABLE
		FRIABLE/NON-FRIABLE

VII. SCHEDULED DATES OF REMOVAL: START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

WORK DAYS: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

VIII. DESCRIPTION OF PLANNED ABATEMENT WORK & METHOD(S) TO BE USED:

IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE RENOVATION SITE:

X. WASTE TRANSPORTER #1: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

WASTE TRANSPORTER #2: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

XI. WASTE DISPOSAL SITE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_

XII. DESCRIPTION OF EMERGENCY REMOVAL **(PLEASE ATTACH A LETTER FROM THE FACILITY OWNER EXPLAINING THE NATURE OF THE EMERGENCY)**

DATE & HOUR OF EMERGENCY (MM/DD/YY): \_\_\_\_\_

DESCRIPTION OF SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS AND/OR WOULD CAUSE EQUIPMENT DAMAGE AND/OR AN UNREASONABLE FINANCIAL BURDEN:

XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER:

XIV. *I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.*

\_\_\_\_\_  
(SIGNATURE OF OWNER/OPERATOR)

\_\_\_\_\_  
(DATE)

XIV. *I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.*

\_\_\_\_\_  
(SIGNATURE OF OWNER/OPERATOR)

\_\_\_\_\_  
(DATE)